

11/14/05

Application Number: 1064586

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            | 1        |        | 1                     |        |                        |        |
| 2            |          | 1      |                       | +      |                        |        |
| 3            |          | 1      |                       | +      |                        |        |
| 4            |          | 1      |                       | +      |                        |        |
| 5            |          | 1      |                       | +      |                        |        |
| 6            |          | 1      |                       | +      |                        |        |
| 7            |          | 1      |                       | +      |                        |        |
| 8            |          | 1      |                       | +      |                        |        |
| 9            |          | 1      |                       | +      |                        |        |
| 10           |          |        | 1                     |        |                        |        |
| 11           |          | ①      |                       | ①      |                        |        |
| 12           |          | 1      |                       | +      |                        |        |
| 13           |          | 1      |                       | +      |                        |        |
| 14           |          | 1      |                       | +      |                        |        |
| 15           |          | 1      |                       | +      |                        |        |
| 16           |          | 1      |                       | +      |                        |        |
| 17           |          | 1      |                       | +      |                        |        |
| 18           |          | 1      |                       | +      |                        |        |
| 19           | 1        |        | 1                     |        |                        |        |
| 20           |          | 1      |                       | +      |                        |        |
| 21           |          | 1      |                       | +      |                        |        |
| 22           |          | 1      |                       | +      |                        |        |
| 23           |          | 1      |                       | +      |                        |        |
| 24           |          | 1      |                       | +      |                        |        |
| 25           |          | 1      |                       | +      |                        |        |
| 26           |          | 1      |                       | +      |                        |        |
| 27           |          | 1      |                       | +      |                        |        |
| 28           |          | 1      |                       | +      |                        |        |
| 29           |          | ①      | 1                     | ①      |                        |        |
| 30           |          | 1      |                       | +      |                        |        |
| 31           |          | 1      |                       | +      |                        |        |
| 32           |          | 1      |                       | +      |                        |        |
| 33           |          | 1      |                       | +      |                        |        |
| 34           |          | 1      |                       | +      |                        |        |
| 35           |          | 1      |                       | +      |                        |        |
| 36           |          | 1      |                       | +      |                        |        |
| 37           |          | 1      |                       | +      |                        |        |
| 38           | 1        |        | 1                     |        |                        |        |
| 39           |          |        |                       | +      |                        |        |
| 40           |          |        |                       | +      |                        |        |
| 41           |          |        |                       | +      |                        |        |
| 42           |          |        |                       | +      |                        |        |
| 43           |          |        | 1                     |        |                        |        |
| 44           |          |        |                       | +      |                        |        |
| 45           |          |        |                       | +      |                        |        |
| 46           |          |        |                       | +      |                        |        |
| 47           |          |        |                       | +      |                        |        |
| 48           |          |        |                       | +      |                        |        |
| 49           |          |        |                       | +      |                        |        |
| 50           |          |        |                       | +      |                        |        |
| Total Indep  |          |        | 6                     |        |                        |        |
| Total Depend |          |        | 45                    |        |                        |        |
| Total Claims |          |        | 51                    |        |                        |        |